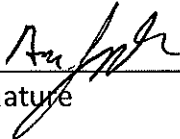


## Attestation Form

Nurse Staffing Coalition

I, the undersigned with responsibility for CHI Franciscan Rehabilitation Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2019 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

  
\_\_\_\_\_  
Signature

Greg Jackson  
\_\_\_\_\_  
Printed Name

1-24-22  
\_\_\_\_\_  
Date

CHI FRANCISCAN REHABILITATION HOSPITAL  
**2021/2022 Staffing Plan Overview**

**Date:** 1/24/2022 (Committee to review on January 24, 2022)

**Author:** Karyn Rich RN, MSN, Chief Clinical Officer

**Nursing Department Overview**

We are a 60 Bed Acute Care Inpatient Rehabilitation Hospital which opened its doors in May, 2018. We primarily see the following types of patients in our hospital: Stroke, Traumatic Brain Injury, Joint replacement, and Intracranial hemorrhage, Amputation, Infectious Diseases, Acute/Chronic Respiratory Disease, and Congestive Heart Failure. Our hospital has been caring for 64% neurological patients 15% Musculoskeletal and 21% general medical patients during the 2021 Fiscal Year.

- Average daily census= 36.5 YTD
- Average number of admits= 80 Q month
- Average number of discharges= 80 Q month
- Average length of stay= 12.75 days

**Key Quality Indicators**

• **Patient falls:**

FY 21 total falls=126

• **Patient falls with injury:**

FY 21 injuries= 0.016% YTD

• **Pressure ulcer prevalence:**

FY 21 pressure ulcer= 2 pressure ulcers YTD

• **Medication errors:**

FY 21 total medication errors= 16 YTD

• **Restraint rate:**

FY 21 we had a 0% restraint rate

• **Staff turnover:**

FY 21 YTD= 38.5% YTD

• **Overtime costs / end of shift overtime**

We had 6,005 hours of overtime use for FY 21

• **Agency/ Traveler Usage:**

Approximately \$600,000 agency usage for FY 21 for RN an CNAs

• **Patient Satisfaction Data:** FY 2021 210 Press Ganey Surveys completed. 68% of surveys resulted in 5's or greater.

6 Grievances YTD for 2021.

• **DC to Acute Care Hospital**

FY 21 total ACT=80

CENSUS	DAY SHIFT	Charge	Nurses	Techs*	Break Nurse @ 10 hours
1		1	0	0	0
2		1	0	0	0
3		1	0	0	0
4		1	0	0	0
5		1	1	0	0
6		1	1	0	0
7		1	1	0	0
8		1	1	0	0
9		1	2	0	0
10		1	2	0	0
11		1	2	1	0
12		1	2	1	0
13		1	2	1	0
14		1	2	2	0
15		1	2	2	0
16		1	2	2	0
17		1	2	2	0
18		1	3	2	0
19		1	3	2	0
20		1	3	2	8
21		1	3	3	8
22		1	3	3	8
23		1	4	3	8
24		1	4	3	8
25		1	4	3	8
26		1	5	3	8
27		1	5	3	8
28		1	5	3	8
29		1	5	4	10
30		1	5	4	10
31		1	5	4	10
32		1	6	4	10
33		1	6	4	10
34		1	6	4	10
35		1	6	4	10
36		1	6	4	10
37		1	7	4	10
38		1	7	4	10
39		1	7	5	10
40		1	7	5	10
41	1	7	5	10	

42		1	7	5	10
43		1	8	5	10
44		1	8	6	10
45		1	8	6	10
46		1	8	6	10
47		1	8	6	10
48		1	9	6	10
49		1	9	6	10
50		1	9	6	10
51		1	9	7	10
52		1	9	7	10
53		1	9	7	10
54		1	9	7	10
55		1	9	7	10
56		1	9	7	10
57		1	9	8	10
58		1	10	8	10
59		1	10	8	10
60		1	10	8	10

Night SHIFT	Charge	Nurses	Techs*	Break Nurse @ 10 hours	CENSUS
		1	0	0	0
	1	0	0	0	2
	1	0	0	0	3
	1	0	0	0	4
	1	1	0	0	5
	1	1	0	0	6
	1	1	0	0	7
	1	1	0	0	8
	1	2	0	0	9
	1	2	0	0	10
	1	2	1	0	11
	1	2	1	0	12
	1	2	1	0	13
	1	2	2	0	14
	1	2	2	0	15
	1	2	2	0	16
	1	2	2	0	17
	1	3	2	0	18
	1	3	2	0	19
	1	3	2	8	20
	1	3	2	8	21
	1	3	2	8	22
	1	4	2	8	23

	1	4	3	8	24
	1	4	3	8	25
	1	5	3	8	26
	1	5	3	8	27
	1	5	3	8	28
	1	5	4	10	29
	1	5	4	10	30
	1	5	4	10	31
	1	6	4	10	32
	1	6	4	10	33
	1	6	4	10	34
	1	6	4	10	35
	1	6	4	10	36
	1	7	4	10	37
	1	7	4	10	38
	1	7	5	10	39
	1	7	5	10	40
	1	7	5	10	41
	1	7	5	10	42
	1	8	5	10	43
	1	8	5	10	44
	1	8	5	10	45
	1	8	6	10	46
	1	8	6	10	47
	1	9	6	10	48
	1	9	6	10	49
	1	9	6	10	50
	1	9	7	10	51
	1	9	7	10	52
	1	9	7	10	53
	1	9	7	10	54
	1	9	7	10	55
	1	9	7	10	56
	1	9	8	10	57
	1	10	8	10	58
	1	10	8	10	59
	1	10	8	10	60

## **Above Staffing Plan Contingent Upon the Following Supports/ Considerations**

Respiratory care 5 days a week that supports CPAP, BIPAP, EKG, respiratory assessments/referrals, changes in condition and dining room coverage.

10-12 hours of HUC use daily 7 days a week

Therapy Tech assists 5X a week as needed when there is an increase in 1:1 feeder patients to help in the dining room

Therapy and EVS staff assisting as able with 1:1 care and patient care.

### **Which Situations Require Staffing Variation?**

- Increased number of confused patients or patients in restraints requiring frequent checks.
- Increased number of mental health patients on unit that may or may not require restraints.
- Increased number of isolation patients
- Increased number of admissions and discharges during the shift
- Increased number of 1:1's needing break coverage.
- Increased number of heavy care patients (2 or more person to assist/ambulate, skin protocol turn every 2 hours, total feeders, incontinent, multiple bed changes, total patient care)
- Increased number of patients on complex treatments (tube feedings, dressing changes, multiple drains, central line management, chest tubes, pain management, multiple blood draws, trach care, frequent suctioning, frequent accuchecks for unstable diabetic management, patients needing blood transfusions and patient's requiring frequent vitals/neuro checks for change of condition
- Increased number of Code Blue/ RRT during the shift

### **Chain of Command/ Staffing Decision Tree**

Chief Nursing Officer, Nurse Manager, Charge Nurse, Break Nurse, Floor Nurse, C.N.A

### **Process for Staffing Variation**

- Staffing should be sufficient at all times to assure safe, effective patient care delivery. Staffing may be adjusted according to acuity, type and skill of caregivers and availability of staff.
- Charge nurse is assigned to every shift and assess acuity, facilitates problem-solving and patient flow. They will also communicate the nursing department's ability to accept new patients.
- If the charge nurse determines that extra staff is needed, Charge Nurse will notify the Nurse Manager and/or Chief Nursing Officer to request for additional staff. The need for staffing up is assessed before the beginning of the next shift and throughout the shift as needed for delivery of safe patient care.
- AOC/Nursing leadership is on-call 24/7. The charge RN can call or text managers regarding needs or issues.
- Staffing changes are based on acuity procedures, skill mix, census needs, and staff input to the Charge Nurses/Manager.

If the patient is assessed to require more acute nursing care and/or treatment than can safely be provided, the RN assigned to the patient will notify Internal Medicine or the primary attending Physician, and obtain orders to transfer the patient to SJMC.

### **Meals, Breaks, Planned and unplanned LOA**

- We currently utilize our charge nurses and break nurse for meal and break relief. The break nurse also assists with admissions, discharges, etc.
  - The majority of the nursing department receives a meal and three breaks but the majority have waived a second meal.
- 96% of breaks achieved in Q4- the 3% not achieved primarily occurred r/t patient care needs and open break nurse positions.
- Planned and unplanned leave of absences have been covered by nurses picking up overtime and agency usage.

**Committee Recommendations:**

Review hiring efforts, referral bonus for open positions and work on retention efforts. We have budgeted for retention bonuses that are in process. We are bringing on more agency staff both nurses and aides to support community needs for staffing. We are offering sign on bonuses for nursing positions. We are utilizing new acuity tool to aid in patient assignments.

Approved By Karyn Rich 1/24/2022  
Karyn Rich RN, MSN Chief Clinical Officer, Co-Chair Date

Nancy Sumara Clark 1/24/22  
Nancy Sumara Clark, RN CRRN Chair Date